

REMARKS

The Office action of July 8, 2009, has been carefully considered.

Claims 17-19 and 22-24 have been rejected under 35 USC 102(e) as anticipated by Gellman et al, and Claims 20 and 25-32 have been rejected under 35 USC 103(a) as obvious over Gellman et al. In view of the amendment of Claim 17 to incorporate the recitations of Claim 21, Applicant submits that these rejections have been rendered moot.

Claim 21 has been rejected under 35 USC 103(a) over Gellman et al in view of Staskin et al.

As noted, Claim 17 has been amended to incorporate the recitations of Claim 21, and therefore now recites that the pulling means of the device of the invention comprises semi-rigid needles integral with the ends of the elongated body forming a covering sheath for a reinforcing tape.

Gellman et al does not disclose or suggest a device for placing a tape in a tissue of the human body which comprises an introducer having a flexible body provided with a pulling means in the form of semi-rigid needles. These needles are adapted to facilitate introduction of the device in the tissues for placing the reinforcing tape at a desired location in the body of a patient. The introducer disclosed by Gellman et al only has pulling tabs at its extremities; these pulling tabs are not designed for introduction into small openings in the tissues.

Staskin et al has been cited as a disclosure of a device for placing a reinforcing tape in a tissue of the human body. The device comprises at the extremities of the reinforcing tape dilators fitted onto the extremities, these dilators being configured to allow attachment to a needle connected to a handle.

In Staskin et al, the needle depicted is not an integral

part of an introducer sheath as taught by the invention. Moreover, the dilators of Staskin et al are not integral with the extremities of the reinforcing tape. Both the dilators and the needles are separate parts from the reinforcing tape, and two operations by the surgeon are needed, first to place and fit a dilator at each ends of the reinforcing tape, and then to fit and attach a needle onto each dilator.

Therefore, the combination of Gellman et al and Staskin et al does not render the claimed invention obvious to one of ordinary skill in the art. Indeed, based on Staskin et al, one of ordinary skill in the art would only be taught to add introduction means to the introducer disclosed by Gellman et al, and specifically, two separate introduction means which must be fitted together before introduction of the tape into the body of the patient.

One of ordinary skill in the art would not on the basis of these references modify or replace the dilator and needle taught in Staskin et al to utilize an introducer as claimed, which has semi-rigid needles *integral with* the ends of the elongated body, at the extremities of the covering sheath enveloping the reinforcing tape. There is no suggestion in either Gellman et al or Staskin et al to modify or replace the separate dilators and needles proposed by Staskin et al, with needles *integral with* the covering sheath of the reinforcing tape as claimed.

The introducer guide claimed is easier to use and cheaper to produce. It is also safer for the patient, as it does not require fitting of separate parts which can break or come loose during introduction into the tissues of the patient.

Withdrawal of this rejection is accordingly requested.

Claim 22 has been amended to recite that the aperture is constructed and arranged to allow placement of the tape in the cavity, a recitation also found in claim 18.

In view of the foregoing amendments and remarks, Applicant submits that the present application is now in condition for allowance. An early allowance of the application with amended claims is earnestly solicited.

Respectfully submitted,



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